

U.S. Trustee Basic Monthly Operating Report
Form SB-1

Case Name: The George Washington National Date Filed: 8/5/2010
Case Number: 10-16604-RGM SIC Code: 7261

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THIS U.S. TRUSTEE BASIC MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS ON BEHALF OF THE CHAPTER 11 DEBTOR AND, TO THE BEST OF MY KNOWLEDGE, THIS REPORT AND RELATED DOCUMENTS ARE TRUE, CORRECT, AND COMPLETE.

/s/ Gratian Yatsevitch
ORIGINAL SIGNATURE OF RESPONSIBLE PARTY

6/30/2011
DATE REPORT SIGNED

Gratian Yatsevitch, Manager
PRINTED NAME OF RESPONSIBLE PARTY AND POSITION WITH THE DEBTOR

The debtor is required to provide financial reports prepared by or for the debtor in addition to the information required in this form. The U.S. Trustee may permit the debtor to eliminate duplicate information. No such permission is valid unless in writing.

QUESTIONNAIRE:		YES	NO	N/A
1	IS THE BUSINESS STILL OPERATING?	X		
2	DID YOU SELL ANY ASSETS OTHER THAN INVENTORY THIS MONTH?		X	
3	HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY?		X	
4	DID YOU PAY ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?		X	
5	DID YOU PAY ALL OF YOUR BILLS ON TIME THIS MONTH?	X		
6	DID YOU PAY YOUR EMPLOYEES ON TIME?			X
7	HAVE YOU FILED ALL OF YOUR RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?			X
8	DID YOU PAY ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?		X	
9	DID ANY INSURANCE COMPANY CANCEL OR CHANGE YOUR POLICY THIS MONTH?		X	
10	HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH?		X	
11	DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?		X	
12	DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?		X	
13	DID YOU DEPOSIT ALL MONEY FOR YOUR BUSINESS INTO A DIP ACCOUNT THIS MONTH?	X		
14	DID THE BUSINESS SELL ANY GOODS OR PROVIDE SERVICES TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?		X	
15	DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	X		
16	ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE UST?	X		
17	DO YOU HAVE ANY PAST DUE TAX RETURNS OR POST PETITION TAX OBLIGATIONS?	X		

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

NOTE: (DEBTOR MUST ANSWER ALL QUESTIONS LISTED ABOVE.)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOUR RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT CARD TRANSACTIONS. (If you use an automated accounting system, please attach a copy of the Income Statement and Balance Sheet.)

(EXHIBIT B)

TOTAL INCOME \$ -

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS PAID THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. (If you use an automated system, please attach a copy of the Disbursements Journal. Otherwise, attach a copy of the Check Register.)

(EXHIBIT C)

TOTAL EXPENSES \$ 1,012.00

CASH PROFIT

TOTAL INCOME LESS TOTAL EXPENSES (EXHIBIT B MINUS EXHIBIT C)

CASH PROFIT \$ (1,012.00)

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT, AND WHEN THE DEBT IS DUE.

(EXHIBIT D)

TOTAL PAYABLES \$ -

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED, AND WHEN IT IS DUE.

(EXHIBIT E)

TOTAL RECEIVABLES \$ -

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT.

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED? 0

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT? 0

PROFESSIONAL FEES

TOTAL PROFESSIONAL FEES APPROVED BY THE COURT DURING THIS PERIOD? 0

TOTAL PROFESSIONAL FEES APPROVED BY THE COURT SINCE THE FILING OF THE CASE? 0

TOTAL PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR DURING THE REPORTING PERIOD? 0

TOTAL PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR SINCE THE FILING OF THE CASE? 0

PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR RELATED TO BANKRUPTCY DURING THIS REPORTING PERIOD? 0

PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR RELATED TO BANKRUPTCY SINCE THE FILING OF THE CASE? 0

(IF USING EXCEL TO FILL OUT ATTACHED FORMS, DEBTOR ONLY NEEDS TO FILL OUT THE EMPLOYEE AND PROFESSIONAL FEE SECTIONS. IF COMPLETED MANUALLY, DEBTOR MUST ANSWER ALL QUESTIONS.)

PROJECTIONS

COMPARE YOUR ACTUAL INCOME, EXPENSES, AND CASH PROFIT TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

PROJECTED INCOME FOR THE MONTH: \$ 0.00

ACTUAL INCOME FOR THE MONTH: (EXHIBIT B) \$ 0.00

DIFFERENCE BETWEEN PROJECTED AND ACTUAL INCOME: \$ 0.00

PROJECTED EXPENSES FOR THE MONTH: \$ 1,012.00

ACTUAL EXPENSES FOR THE MONTH: (EXHIBIT C) \$ 1,012.00

DIFFERENCE BETWEEN PROJECTED AND ACTUAL INCOME: \$ 0.00

PROJECTED CASH PROFIT FOR THE MONTH: \$ (1,012.00)

ACTUAL CASH PROFIT FOR THE MONTH: \$ (1,012.00)

DIFFERENCE BETWEEN PROJECTED AND ACTUAL CASH PROFIT:
(TOTAL FROM EXHIBIT B MINUS TOTAL FROM EXHIBIT C) \$ 0.00

(IF ACTUAL CASH PROFIT WAS 90% OR LESS THAN PROJECTED CASH PROFIT, PLEASE ATTACH A DETAILED WRITTEN EXPLANATION.)

(IF USING EXCEL TO FILL OUT ATTACHED FORMS, DEBTOR ONLY NEEDS TO COMPLETE PROJECTION FIGURES. IF COMPLETED MANUALLY, DEBTOR MUST ANSWER ALL QUESTIONS.)

RECONCILIATION OF CASH DISBURSEMENTS

CASH DISBURSEMENTS PER FORM 4A-2	1,012.00
CASH DISBURSEMENTS PER SUM OF FORM 4A-3	1,012.00
CASH DISBURSEMENTS PER FORM 4D	1,012.00

DEBTOR: The George Washington National Memorial Cemetery and Garden LLC

CASE NO: 10-16604-RGM

CASH RECEIPTS AND DISBURSEMENTS STATEMENT FORM SB-2

For Period: 05/01/11 to 05/31/11

CASH FLOW SUMMARY

	Current Month	Accumulated
1. Beginning Cash Balance	\$ 2,797.49 (1)	\$ 7,932.20 (1)
2. Cash Receipts		
Operations	0.00	0.00
Sale of Assets NOTE: See (B) Below:	0.00	0.00
Loans/advances	0.00	0.00
Other	0.00	0.00
Total Cash Receipts	\$ 0.00	\$ 0.00
3. Cash Disbursements		
Operations	\$ 1,012.00	\$ 4,947.52
Debt Service/Secured loan payment	0.00	0.00
Professional fees/U.S. Trustee fees	0.00	0.00
Payments made from asset sale: NOTE: See (C) Below.	0.00	0.00
Other	0.00	0.00
Total Cash Disbursements	\$ 1,012.00	\$ 4,947.52
4. Net Cash Flow (Total Cash Receipts less Total Cash Disbursements)	\$ (1,012.00)	\$ (4,947.52)
5 Ending Cash Balance	\$ 1,785.49 (2)	\$ 2,984.68 (2)

CASH BALANCE SUMMARY See Note (A) below.

	Book
Petty Cash	\$ 0.00
DIP Operating Account	\$ 1,585.49
DIP State Tax Account	\$ 100.00
DIP Payroll Account	\$ 100.00
Other Operating Account	\$ 0.00
Other Interest-bearing Account	\$ 0.00
TOTAL (must agree with Ending Cash Balance above)	\$ 1,785.49 (2)
Variance between Ending Cash Balance and Ending Book Balances:	0.00

(A) The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc.

(B) This figure should include the gross amount the seller receives from the sale. On a HUD-1, this would be the gross sale price.

(C) This figure should include all reductions paid by the debtor for the sale of asset(s). On a HUD-1, this would be the net sale price.

(1) Accumulated beginning cash balance is the cash available at the commencement of the case.

Current month beginning cash balance should equal the previous month's ending balance.

(2) All cash balances should be the same.

(1) Total for all accounts should agree with total cash receipts listed on Form SB-2.

(1) Total for all accounts should agree with total cash disbursements listed on Form SB-2

(A) The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc.

DEBTOR: The George Washington National Memorial Cemete CASE NO: 10-16604-RGM

Form SB-5
COMPARATIVE BALANCE SHEET
For Period Ended: 05/31/11

	Current Month	Petition Date (1)
ASSETS		
Current Assets:		
Cash and Cash Equivalents (from Form 2-B, line 5)	\$ 1,785.49	\$ 7,920.02
Accounts Receivable (from Form 2-E)	0.00	0.00
Receivable from Officers, Employees, Affiliates	0.00	0.00
Inventory	19,076.00	19,076.00
Other Current Assets (List) <u>Machinery, fixtures,</u>	22,880.00	22,880.00
<u>equipment & supplies</u>	0.00	0.00
Total Current Assets	\$ 43,741.49	\$ 49,876.02
Fixed Assets:		
Land	\$ 2,576,969.07	\$ 2,576,969.07
Building	0.00	0.00
Equipment, Furniture and Fixtures	10,747.50	10,747.50
Total Fixed Assets	\$ 2,587,716.57	\$ 2,587,716.57
Less: Accumulated Depreciation	(0.00)	(0.00)
Net Fixed Assets	\$ 2,587,716.57	\$ 2,587,716.57
Other Assets (List): _____	0.00	0.00
_____	0.00	0.00
TOTAL ASSETS	\$ 2,631,458.06	\$ 2,637,592.59
LIABILITIES		
Post Petition Liabilities:		
Post-petition Accounts Payable (from Form 2-E)	\$ 0.00	\$ 0.00
Post-petition Accrued Professional Fees (from Form 2-E)	0.00	0.00
Post-petition Taxes Payable (from Form 2-E)	0.00	0.00
Post-petition Notes Payable	0.00	0.00
Other Post-petition Payable(List): _____	0.00	0.00
_____	0.00	0.00
Total Post Petition Liabilities	\$ 0.00	\$ 0.00
Pre Petition Liabilities:		
Secured Debt	14,120,292.74	14,120,292.74
Priority Debt	#####	#####
Unsecured Debt	368,249.68	368,249.68
	1,231,643.06	1,231,643.06
Total Pre Petition Liabilities	\$ #####	\$ #####
TOTAL LIABILITIES	\$ 15,720,185.48	\$ 15,720,185.48
OWNERS' EQUITY		
Owner's/Stockholder's Equity	13,088,727.42	13,082,592.89
Retained Earnings - Prepetition	#####	#####
Retained Earnings - Post-petition	0.00	0.00
	0.00	0.00
TOTAL OWNERS' EQUITY	\$ #####	\$ #####
TOTAL LIABILITIES AND OWNERS' EQUITY	\$ 2,631,458.06	\$ 2,637,592.59
VARIANCE (ASSETS - LIABILITIES +- CAPITAL) MUST BE \$0	\$ 0.00	\$ 0.00

(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.

NOTE: IF USING EXCEL, EACH LINE MUST CONTAIN A NUMBER.

DEBTOR: The George Washington National Memorial Cen

CASE NO: 10-16604-RGM

Form SB-6
PROFIT AND LOSS STATEMENT
For Period 05/01/11 to 05/31/11

	<u>Current Month</u>	<u>Accumulated Total (1)</u>
Gross Operating Revenue	\$ 0.00	\$ 0.00
Less: Discounts, Returns and Allowances	(0.00)	(0.00)
Net Operating Revenue	\$ 0.00	\$ 0.00
Cost of Goods Sold	0.00	0.00
Gross Profit	\$ 0.00	\$ 0.00
Gross Profit Margin	#DIV/0!	#DIV/0!
Operating Expenses		
Officer Compensation	\$ 0.00	\$ 0.00
Selling, General and Administrative	1,012.00	4,947.52
Rents and Leases	0.00	0.00
Depreciation, Depletion and Amortization	0.00	0.00
Other (list): _____	0.00	0.00
	0.00	0.00
Total Operating Expenses	\$ 1,012.00	\$ 4,947.52
Operating Income (Loss)	\$ (1,012.00)	\$ (4,947.52)
Non-Operating Income and Expenses		
Other Non-Operating Expenses	\$ 0.00	\$ 0.00
Gains (Losses) on Sale of Assets	0.00	0.00
Interest Income	0.00	0.00
Interest Expense	0.00	0.00
Other Non-Operating Income	0.00	0.00
Net Non-Operating Income or (Expenses)	\$ 0.00	\$ 0.00
Reorganization Expenses		
Legal and Professional Fees	\$ 0.00	\$ 0.00
Other Reorganization Expense	0.00	0.00
Total Reorganization Expenses	\$ 0.00	\$ 0.00
Net Income (Loss) Before Income Taxes	\$ (1,012.00)	\$ (4,947.52)
Federal and State Income Tax Expense (Benefit)	0.00	0.00
NET INCOME (LOSS)	\$ (1,012.00)	\$ (4,947.52)

(1) Accumulated Totals include all revenue and expenses since the petition date.

NOTE: IF USING EXCEL, ALL LINES MUST CONTAIN A NUMBER.

DEBTOR: The George Washington National Memorial Cem

CASE NO: 10-16604-RGM

Form SB-7
DISBURSEMENT SUMMARY
For the Month Ended: 5/31/2011 0:00

Total Disbursements from Operating Account (Note 1)	\$	1,012.00
Total Disbursements from Payroll Account (Note 2)	\$	0.00
Total Disbursements from Tax Escrow Account (Note 3)	\$	0.00
Total Disbursements from and other Account (Note 4)	\$	0.00
 Grand Total disbursements from all accounts	 \$	 <u>1,012.00</u>

NOTE 1 - Include in this amount all checks written, wire transfers made from, or any other withdrawal from the general operating account. Exclude only transfers to the debtor in possession payroll account, the debtor in possession tax escrow account or other debtor in possession account where the disbursements will be listed on this report.

NOTE 2 - Include in this amount all checks written, wire transfers made from, or any other withdrawal from the payroll account. Exclude only transfers to the debtor in possession operating account, the debtor in possession tax escrow account or other debtor in possession account where the disbursements will be listed on this report.

NOTE 3 - Include in this amount all checks written, wire transfers made from, or any other withdrawal from the tax escrow account. Exclude only transfers to the debtor in possession operating account, the debtor in possession payroll account or other debtor in possession account where the disbursements will be listed on this report.

NOTE 4 - Include in this amount any other disbursements made by the debtor including (but not limited to) cash paid from a petty cash fund or cash register, amounts paid from any other debtor in possession account, and amounts paid from the accounts of others on the debtors behalf (for example, disbursements made from a law firm's escrow account as a result of a sale of property.)

FEE SCHEDULE

<u>Quarterly Disbursements</u>	<u>Fee</u>	<u>Quarterly Disbursements</u>	<u>Fee</u>
\$0 to \$14,999.....	\$325	\$1,000,000 to \$1,999,999.....	\$6,500
\$15,000 to \$74,999.....	\$650	\$2,000,000 to \$2,999,999.....	\$9,750
\$75,000 to \$149,999.....	\$975	\$3,000,000 to \$4,999,999.....	\$10,400
\$150,000 to \$224,999.....	\$1,625	\$5,000,000 to \$14,999,999.....	\$13,000
\$225,000 to \$299,999.....	\$1,950	\$15,000,000 to \$29,999,999.....	\$20,000
\$300,000 to \$999,999.....	\$4,875	\$30,000,000 or more.....	\$30,000

Interest will be assessed on Chapter 11 quarterly fees not paid by the end of the month following the end of the calendar quarter pursuant to 31 U.S.C. Sec. 3717. The interest rate assessed is the rate in effect as determined by the Treasury Department at the time the account becomes past due.

Failure to pay the quarterly fee is cause for conversion or dismissal of the chapter 11 case. [11 U.S.C. Sec. 1112(b)(10)]



Custom Business Checking

01 0495 072 130 0 34

Electronic Delivery



GWNM CEMETARY & GARDEN LLC (DIP ACCOUNT)
ATTN: GRATIAN YATSEVITCH CB
P.O. BOX 100
CENTRAL CITY PA 15926

Custom Business Checking

4/30/2011 thru 5/31/2011

Account number: 0495
Account owner(s): GWNM CEMETARY & GARDEN LLC (DIP ACCOUNT)

Account Summary

Opening balance 4/30	\$2,597.49
Checks	1,000.00 -
Other withdrawals and service fees	12.00 -
Closing balance 5/31	\$1,585.49

Checks

Number	Amount	Date posted	Number	Amount	Date posted	Number	Amount	Date posted
1031	1,000.00	5/20	Total	\$1,000.00				

Other Withdrawals and Service Fees

Date	Amount	Description
5/10	12.00	COMMERCIAL SERVICE CHARGES FOR APRIL 2011
Total	\$12.00	

Service Fees

Description	Quantity	Total
GENERAL SERVICES		
ACCOUNT MAINTENANCE	2	\$12.00
TOTAL FEE(S)		\$12.00

Average balance	\$2,214.24
Minimum balance	\$1,585.49

Daily Balance Summary

Dates	Amount	Dates	Amount	Dates	Amount
5/10	2,585.49	5/20	1,585.49		



WACHOVIA

Essential Business Checking

01 [REDACTED] 0505 072 130 0 34

Electronic Delivery



GWNM CEMETARY & GARDEN LLC (DIP ACCOUNT)
ATTN: GRATIAN YATSEVITCH CB
P.O. BOX 100
CENTRAL CITY PA 15926



Essential Business Checking

4/30/2011 thru 5/31/2011

Account number: [REDACTED] 0505
Account owner(s): GWNM CEMETARY & GARDEN LLC (DIP ACCOUNT)

Account Summary

Opening balance 4/30	\$100.00
Closing balance 5/31	\$100.00



WACHOVIA

Essential Business Checking

01 [REDACTED] 0518 072 130 0 34

Electronic Delivery



GWNM CEMETARY & GARDEN LLC (DIP ACCOUNT)
ATTN: GRATIAN YATSEVITCH CB
P.O. BOX 100
CENTRAL CITY PA 15926

Essential Business Checking

4/30/2011 thru 5/31/2011

Account number: [REDACTED] 0518
Account owner(s): GWNM CEMETARY & GARDEN LLC (DIP ACCOUNT)

Account Summary

Opening balance 4/30	\$100.00
Closing balance 5/31	\$100.00



Custom Business Checking

01 [REDACTED] 0495 072 130 0 34

Electronic Delivery



GWNM CEMETARY & GARDEN LLC (DIP ACCOUNT)
ATTN: GRATIAN YATSEVITCH CB
P.O. BOX 100
CENTRAL CITY PA 15926



Custom Business Checking

4/30/2011 thru 5/31/2011

Account number: [REDACTED] 0495
Account owner(s): GWNM CEMETARY & GARDEN LLC (DIP ACCOUNT)

Account Summary

Opening balance 4/30	\$2,597.49
Checks	1,000.00 -
Other withdrawals and service fees	12.00 -
Closing balance 5/31	\$1,585.49

Checks

<i>Number</i>	<i>Amount</i>	<i>Date posted</i>	<i>Number</i>	<i>Amount</i>	<i>Date posted</i>	<i>Number</i>	<i>Amount</i>	<i>Date posted</i>
1031	1,000.00	5/20	Total	\$1,000.00				

Other Withdrawals and Service Fees

<i>Date</i>	<i>Amount</i>	<i>Description</i>
5/10	12.00	COMMERCIAL SERVICE CHARGES FOR APRIL 2011
Total	\$12.00	

Service Fees

<i>Description</i>	<i>Quantity</i>	<i>Total</i>
GENERAL SERVICES		
ACCOUNT MAINTENANCE	2	\$12.00
TOTAL FEE(S)		\$12.00

Average balance	\$2,214.24
Minimum balance	\$1,585.49

Daily Balance Summary

<i>Dates</i>	<i>Amount</i>	<i>Dates</i>	<i>Amount</i>	<i>Dates</i>	<i>Amount</i>
5/10	2,585.49	5/20	1,585.49		



Custom Business Checking

02 [REDACTED] 0495 072 130 0 34

Customer Service Information

For questions about your statement
or billing errors, contact us at:

Phone number

Address

Business Checking, CheckCard & Loan Accounts
TDD (For the Hearing Impaired)
Commercial Checking & Loan Accounts

800-566-3862
800-388-2234
800-222-3862

WACHOVIA BANK
D1118-02D
P O BOX 563966
CHARLOTTE NC 28256-3966

To Balance Your Account

	List Outstanding Checks and Withdrawals			
	Ck. No.	Amount	Ck. No.	Amount
1. Compare your account register to your account statement for unrecorded transactions (such as ATM, CheckCard, Interest earned, fees, etc.) Your new account register total should match the adjusted balance in line 6 below.				
2. Write in the closing balance shown on the front of account statement. _____				
3. Write in any deposits you have made since the date of this statement. _____ _____ _____				
4. Add together amounts listed above in steps 2 and 3. _____				
5. In the section to the right, list and total all checks and withdrawals that you have made that are not reported on your account statement. Write in the total here. _____				
6. Subtract the amount in line 5 from the amount in line 4. This is your adjusted balance and should match the balance in Step 1. _____				
			Total	

In Case of Errors or Questions About Your Electronic Transfers: Telephone us at 800-222-3862 or write to us at WACHOVIA BANK, D1118-02D, P O BOX 563966, CHARLOTTE NC 28256-3966, as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error. You will have use of the money during the time it takes us to complete our investigation.

Wachovia Bank and Wachovia Bank of Delaware are divisions of Wells Fargo Bank, N.A., Member FDIC



WACHOVIA

Essential Business Checking

01 [REDACTED] 0505 072 130 0 34

Electronic Delivery



GWNM CEMETARY & GARDEN LLC (DIP ACCOUNT)
ATTN: GRATIAN YATSEVITCH CB
P.O. BOX 100
CENTRAL CITY PA 15926



Essential Business Checking

4/30/2011 thru 5/31/2011

Account number: [REDACTED] 0505
Account owner(s): GWNM CEMETARY & GARDEN LLC (DIP ACCOUNT)

Account Summary

Opening balance 4/30	\$100.00
Closing balance 5/31	\$100.00



Essential Business Checking

02 20000000000505 072 130 0 34

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Phone number

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D1118-02D
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To Balance Your Account

	List Outstanding Checks and Withdrawals			
	Ck. No.	Amount	Ck. No.	Amount
1. Compare your account register to your account statement for unrecorded transactions (such as ATM, CheckCard, Interest earned, fees, etc.) Your new account register total should match the adjusted balance in line 6 below.				
2. Write in the closing balance shown on the front of account statement. _____				
3. Write in any deposits you have made since the date of this statement. _____ _____ _____				
4. Add together amounts listed above in steps 2 and 3. _____				
5. In the section to the right, list and total all checks and withdrawals that you have made that are not reported on your account statement. Write in the total here. _____				
6. Subtract the amount in line 5 from the amount in line 4. This is your adjusted balance and should match the balance in Step 1. _____				
			Total	

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1. Tell us your name and account number (if any).
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WACHOVIA

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01 [REDACTED] 0518 072 130 0 34

Electronic Delivery



GWNM CEMETARY & GARDEN LLC (DIP ACCOUNT)
ATTN: GRATIAN YATSEVITCH CB
P.O. BOX 100
CENTRAL CITY PA 15926



Essential Business Checking

4/30/2011 thru 5/31/2011

Account number: [REDACTED] 0518
Account owner(s): GWNM CEMETARY & GARDEN LLC (DIP ACCOUNT)

Account Summary

Opening balance 4/30	\$100.00
Closing balance 5/31	\$100.00



Essential Business Checking

02 2006-0518 072 130 0 34

Customer Service Information

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Phone number

Address

Business Checking, CheckCard & Loan Accounts
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Commercial Checking & Loan Accounts

800-566-3862
800-388-2234
800-222-3862

WACHOVIA BANK
D1118-02D
P O BOX 563966
CHARLOTTE NC 28256-3966

To Balance Your Account

		List Outstanding Checks and Withdrawals			
		Ck. No.	Amount	Ck. No.	Amount
1. Compare your account register to your account statement for unrecorded transactions (such as ATM, CheckCard, Interest earned, fees, etc.) Your new account register total should match the adjusted balance in line 6 below.					
2. Write in the closing balance shown on the front of account statement. _____					
3. Write in any deposits you have made since the date of this statement. _____					
4. Add together amounts listed above in steps 2 and 3. _____					
5. In the section to the right, list and total all checks and withdrawals that you have made that are not reported on your account statement. Write in the total here. _____					
6. Subtract the amount in line 5 from the amount in line 4. This is your adjusted balance and should match the balance in Step 1 _____					
				Total	

In Case of Errors or Questions About Your Electronic Transfers: Telephone us at 800-222-3862 or write to us at WACHOVIA BANK, D1118-02D, P O BOX 563966, CHARLOTTE NC 28256-3966, as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error. You will have use of the money during the time it takes us to complete our investigation.

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